ICE HEALTH SERVICE CORPS **OPERATIONS MEMORANDUM**

OM 16-025
EFFECTIVE DATE: 11 Mar 2016

By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/

TO: IHSC Public Health Service (PHS) Commissioned Corps Officers, Civilian Federal Employees and Contract Personnel

SUBJECT: Forced Emergency Psychotropic Medication

1. **PURPOSE:** This Operations Memorandum (OM) sets forth the guidance and procedures for the emergency use of psychotropic medication. It outlines the appropriate use of psychotropic medication for emergency situations when a detainee is dangerous to self or others due to medical or mental illness and when forced psychotropic medication may be used to prevent harm. Forced medications are those given without the patient's consent. Emergency psychotropic medication may not be used simply to control behavior or as a disciplinary measure.

2. **APPLICABILITY:** This OM applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers and federal employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ.

3. **AUTHORITIES AND REFERENCES:**

   3-1. Title 8, Code of Federal Regulations, Section 235.3 (8 CFR 235.3), Inadmissible Aliens and Expedited Removal;

   3-2. Section 232 of the Immigration and Nationality Act (8 USC 1222), Detention of Aliens for Physical and Mental Examination;

   3-3. Title 8, Code of Federal Regulations, section 232 (8 CFR 232), Detention of Aliens for Physical and Mental Examination;

   3-4. Section 322 of the Public Health Service Act (42 USC 249(a)), Medical Care and Treatment of Quarantined and Detained Persons;

   3-5. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC 252); Medical Examination of Aliens.

3-6. ICE Policy 11065.1, Review of the Use of Segregation for ICE Detainees

4. POLICY: Detainees exhibiting behaviors that demonstrate immediate and serious threat of harm to self or others due to a mental health condition are given a psychotropic medication for the emergency situation. Forced psychotropic medication may be used to prevent harm. Authorization by the Clinical Director ([CD], who is also the Clinical Medical Authority) or designated medical provider (such as primary care physician or psychiatrist) is required prior to use. Prior to ordering forced emergency psychotropic medication, other methods of de-escalation are attempted, when possible.

NOTE: The use of forced emergency psychotropic medication is considered more restrictive than medical restraints and therapeutic seclusion/administrative segregation

4-1 Consideration of Alternatives to Forced Emergency Psychotropic Medication. The health care providers will document in the medical record that they have identified at-risk detainee-patients, provided crisis intervention, considered less restrictive measures, and justify the outcome of their analysis – whether emergency psychotropic medication is necessary. As soon as feasible upon a detainee's arrival (at intake, physical exam, or subsequent medical/mental health encounter), health care providers identify detainees who pose an immediate and serious threat of harm to self or others, provide crisis intervention, and implement the least restrictive alternatives to emergency psychotropic medication. All less restrictive options must be exhausted prior to determination of utilizing an emergency psychotropic medication. Once the need for a psychotropic medication is determined, justification of the rejection of less restrictive measures (if applicable) must be documented in the medical record. Less restrictive measures include, but are not limited to:

a. Increased staff interaction and/or observation.

b. Consideration of medication review.

c. Redirection and reorientation.

d. Reevaluation of the behavioral management plan.

4-2 Ordering of Forced Emergency Psychotropic Medication. The clinical director (CD) or designated medical provider orders the use of a psychotropic medication. Documentation of the use of emergency psychotropic medication will include the following indicators:

a. When, where, and how the psychotropic medication may be forced;

b. The detainee's current mental status;

c. The immediate threat posed;

d. The reason for forcing the medication;

e. Other treatment modalities attempted, if any; and

f. Treatment plan goals for less restrictive treatment alternatives as soon as possible.

4-3 Direct Observation of Detainees given Forced Emergency Psychotropic Medication. After giving the emergency psychotropic medication to the detainee, appropriate follow-up care must follow. The orders will be written by the CD or designated medical provider and documented in the patient's health record. Orders will include the following:

a. Checking the patient after an intramuscular psychotropic medication injection at least once within the first 15 minutes, then every 30 minutes until transfer to an inpatient setting or the patient no longer requires monitoring.

b. Assessing mental status, such as alert and oriented, motor activity, speech, excessive sedation

c. Monitoring extrapyramidal symptoms (if antipsychotic medication given) for dystonia, parkinsonism, akathisia, tremor, dyskinesia

d. Observing behavior, such as psychosis (e.g., hallucinations, delusions, disorganized speech or behavior), assaultive, agitated

e. Monitoring for dehydration, muscle rigidity, diaphoresis, alteration in consciousness, autonomic dysfunction (orthostatic hypotension, drooling, urinary incontinence, unusually rapid breathing) to avoid neuroleptic malignant syndrome

f. Taking vital signs, to include blood pressure, pulse, temperature and respiration (as clinically indicated)

4-4 Applicable Conditions and Behaviors:

a. Detainees exhibiting behaviors that demonstrate serious immediate and serious threat of harm to self or others due to a mental health condition may be prescribed emergency psychotropic medication after all other less restrictive options have been attempted, if possible.

b. IHSC staff is not authorized to order emergency psychotropic medication for purposes of discipline or convenience.

c. IHSC staff identifies pre-existing medical/mental conditions or physical disabilities and limitations that place the detainee at a greater risk during that preclude the use of emergency psychotropic medication, if possible.

4-5 Maximum use of Forced Emergency Psychotropic Medication. IHSC staff use emergency psychotropic medications for the shortest amount of time and dose necessary to protect the detainee or others from the detainee.

NOTE: PRN forced emergency psychotropic medication may not be ordered. As stated in 5-6.3. "Renewal of the order for forced emergency psychotropic medication can only be done with the written order of the CD or designated medical provider who has personally observed the detainee after the previous order was made."

4-6 Location of Direct Observation of Detainees Given Forced Emergency Psychotropic Medication. A health care provider evaluates the patient and collaborates with the CD, HSA, and ICE personnel to ensure the detainee is placed in the most appropriate housing location for observation and monitoring.

4-7 Off-Site Consultation. Facilities without a CD or designated medical provider will make arrangements for an off-site assessment as soon as possible.

4-8 Use of Forced Emergency Psychotropic Medication on Children. A child who poses an immediate and serious threat of harm to self or others will be immediately referred to local hospital for further evaluation and treatment.

a. Until transfer – the child should be placed on one to one continuous observation.

b. The child's parents should accompany the child through the hospital admission process.

4-9 Use of Forced Emergency Psychotropic Medication on Pregnant Detainees. A pregnant detainee who poses an immediate and serious threat of harm to self or others will be immediately referred to local hospital for further evaluation and treatment. Until transfer, the detainee should be placed on one to one continuous observation

5. PROCEDURES:

5-1. Forced Emergency Psychotropic Medication Orders:

a. Detainees are given emergency psychotropic medication with a written order from the CD or designated medical provider and there is clear

evidence documented in the medical record that all other alternatives have been exhausted.

b. All orders for emergency psychotropic medication are documented in the detainee's health record, to include the time the medication was given.

NOTE: Standing orders for implementing emergency psychotropic medication are prohibited.

c. If the order is given by the CD or designated medical provider over the phone, the order is accepted only by an RN, MLP, or physician.

d. The individual receiving the telephone order documents the order with the justification for the emergency psychotropic medication.

e. The CD or designee evaluates the patient and co-signs the order within approximately one hour (as soon as he/she can get to the clinic).

5-2. Requirements for Forced Psychotropic Medication Orders: Emergency psychotropic medication orders have required information to make them valid:

a. The circumstance that led to the use of the medication.

b. Consideration or failure of non-physical less restrictive intervention and the detainee's response.

c. Written orders for use.

d. Treatment goals for less restrictive treatment alternatives.

e. Informing the detainee of the treatment goals and behavior criteria.

f. Verbal orders are received from the CD or designated medical provider by an authorized member of the health care staff.

g. Assistance provided to the detainee to help him/her meet treatment goals and behavior criteria.

h. Any injuries sustained and treated, while giving forced emergency psychotropic medications including the provision emergency medical services.

i. Considerations made while delivering forced emergency psychotropic medication, recognizing the detainee's age, developmental considerations, gender issues, ethnicity and history of sexual or physical abuse.

5-3. Execution of Forced Emergency Psychotropic Medication Orders. A detainee prescribed emergency psychotropic medication is assessed and documentation is placed in his/her medical record by at least an RN, at least

once within the first 15 minutes, then every 30 minutes until transfer to an inpatient setting or the patient no longer requires monitoring.

5-4. Detainee/Patient Education. Medical staff explains to the detainee the reason for the use of forced emergency psychotropic medication to prevent misinterpretations, to gain cooperation, and provide interpretation as necessary to overcome any limitations in the patient's understanding (i.e., foreign language, hearing limitations, and comprehension difficulties). This encounter with the education to the detainee is documented in the electronic medical record

5-5. Renewal of Forced Emergency Psychotropic Medication Orders. Orders for forced emergency psychotropic medication are not continued without a written order of the CD or designee who has personally observed the patient since the initial order was imposed.

5-6. Emergency Implementation of Forced Emergency Psychotropic Medication Orders by a RN:

a. In emergency situations, the RN will obtain an order for forced emergency psychotropic medication from CD or designated medical provider.

b. The CD or designated medical provider conducts an in-person assessment within one-hour of the initiation of therapeutic seclusion or physical restraints. This assessment is used to make recommendations for continued use of therapeutic seclusion or physical restraints, if necessary.

c. Renewal of the order for forced emergency psychotropic medication can only be done with the written order of the CD or designated medical provider who has personally observed the detainee after the previous order was made.

d. Checking the patient after an intramuscular psychotropic medication injection at least once within the first 15 minutes, then every 30 minutes until transfer to an inpatient setting or the patient no longer requires monitoring

e. The CD or designee reevaluates the patient within twenty four (24) hours of administration. If the patient requires two or more forced emergency psychotropic medication within the twenty four (24) hours the CD or designee may consider hospitalization.

5.7. Forced Emergency Psychotropic Medication Debriefing. After each episode of giving forced psychotropic medication is concluded (maximum 12 hours), the health staff involved meet for a debriefing led by the CD or designee. The detainee's participation is encouraged. The debriefing

occurs as soon as possible after the episode, but not longer than 24 hours after the event.

5.8. **Annual Training**. All medical providers complete training annually in an effort to minimize the use of forced psychotropic medication and to do it safely, when necessary. Education is conducted by the BHP of the facility, CD or his/her designee. The training is documented in the personnel file (Competency Assessment Checklist) by the training officer at the facility or designee.

6. HISTORICAL NOTES. This OM replaces IHSC Directive: 07-01 Medical Restraint and Therapeutic Seclusion/Administrative Segregation. This policy was divided into two separate OMs and significant changes were made throughout the document.

7. DEFINITIONS. See definitions for this OM on SharePoint: GLOSSARY FOR IHSC OFFICIAL GUIDANCE

8. APPLICABLE STANDARDS:

8-1. Performance Based National Detention Standards (PBNDS):

PBNDS 2011, Section 2.12 Special Management Units

PBNDS 2011, Section 4.3 Medical Care

PBNDS 2011, Section 4.4 Medical Care (Women)

8-2. American Correctional Association (ACA):

Performance-Based Standards for Adult Local Detention Facilities, 4th edition:

1-HC-3A-08: Involuntary Administration.

8-3. National Commission on Correctional Health Care (NCCHC):

Standards for Health Services in Jails, 2014: J-I-02: Emergency Psychotropic Medication.